

MDR Tracking Number: M5-04-1811-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 02-18-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises, and unlisted medical procedures rendered from 4/02/03 through 6/10/03 **were found** to be medically necessary. The myofascial release, joint mobilization, and neuromuscular re-education rendered from 4/02/03 through 6/10/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 23rd day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4/02/03 through 6/10/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23rd day of June 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division
DRM/rlc

May 18, 2004

Amended June 2, 2004

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was injured on the job when some boxes fell on her right shoulder. Each box weighed about 50 pounds. She initially went to an emergency room and then later began treatment with ___ in ___. She was discovered to have a partial thickness tear of the supraspinatus on MRI of the shoulder and underwent a series of MUA treatments and injections for the injury. Eventually she had arthroscopic surgery by ___, MD in January of 2003. Records indicate that there was an acromioplasty and partial acromiectomy performed by the surgeon. She was found to be at MMI with 30% whole person by her treating doctor on 7/31/2003. A designated doctor, ___, MD, assigned an impairment rating of 17% whole person.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, therapeutic exercises, myofascial release, unlisted therapeutic procedures, joint mobilization and neuromuscular re-education from April 2, 2003 through June 10, 2003.

DECISION

The reviewer agrees with the prior adverse determination regarding joint mobilization, myofascial release and neuromuscular re-education.

The reviewer disagrees with the prior determination for all other therapies.

BASIS FOR THE DECISION

The reviewer finds that the patient was post-surgical from a serious shoulder injury and that rehabilitation was appropriately performed using therapeutic exercises and active care. The provider treated the patient appropriately in an attempt to strengthen the shoulder with post-surgical care. Joint mobilization is a form of manipulation and is part of the office visit lacking documentation otherwise. There is no reasonable documentation for the neuromuscular re-education, and myofascial release was inappropriate at this stage of the patient's care.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,